



Subject: Medicaid Preferred Drug Listing- Effective October 1, 2005	Priority: High
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Preferred Drug List changes for the State of Georgia MEDICAID and PeachCare for Kids programs

EFFECTIVE October 1, 2005 - Phase IV PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next ten (10) therapeutic categories impacted by this revision of the preferred drug list.

Atypical Antipsychotics	
Preferred Agents	Non-Preferred Agents- Prior Authorization Required
Geodon	Zyprexa Zydis
Risperdal Tablets	Risperdal-M Tabs
Risperdal Solution	Fazaclo
Seroquel	Abilify*
	Zyprexa*
	Symbyax*
	Clozaril* (brand only)
	Non-Preferred Agents- Prior Authorization NOT Required
	Clozapine
	Risperdal and Zyprexa Injections
	*Current users grandfathered No PA Required
ACE Inhibitors	
Preferred Agents	Non-Preferred Agents
All generic ACE Inhibitors	<i>All branded ACE Inhibitors with generics available</i>
Mavik	Aceon
Altace	Accupril
ACE Inhibitors with Diuretic	
Preferred Agents	Non-Preferred Agents

<i>All generic ACE Inhibitor/Diuretic Combinations</i>	<i>All branded ACE Inhibitors w/Diuretics with generics available</i>
Uniretic	Monopril HCT
	Accuretic
ACE Inhibitors with Calcium Channel Blocker Combinations	
Preferred Agents	Non-Preferred Agents
Lexxel	none
Lotrel	
Tarka	
Alpha Blockers for BPH	
Preferred Agents	Non-Preferred Agents
Flomax	none
Uroxatral	
Androgen Hormone Inhibitors	
Preferred Agents	Non-Preferred Agents
Avodart	none
Proscar	
Cephalosporins – 1st Generation	
Preferred Agents	Non-Preferred Agents
Cephalexin	<i>All branded products with generics available</i>
Cefadroxil	
Cephadrine	
Cephalosporins – 2nd Generation	
Preferred Agents	Non-Preferred Agents
Cefaclor	<i>All branded products with generics available</i>
Cefaclor ER	Lorabid Pulvules
Cefuroxime Axetil Tablets	Cefzil Tablets
Cefzil Suspension (<i>patients <12 or >65 years of age only</i>)	Cefzil Suspensions (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Ceftin Suspension (<i>patients < 12 or >65 years of age only</i>)	Ceftin Suspensions (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Lorabid Suspension (<i>patients <12 or >65 years of age only</i>)	Lorabid Suspensions (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Cephalosporins – 3rd Generation	
Preferred Agents	Non-Preferred Agents

Spectracef	Vantin
Omnicef	Cefpodoxime (generic Vantin)
Omnicef Suspension (<i>patients <12 or >65 years of age only</i>)	Vantin Suspension
Cedax	Suprax Suspension
Cedax Suspension (<i>patients <12 or >65 years of age only</i>)	Omnicef Suspension (<i>non-preferred for patients ≥12 and ≤ 65</i>)
	Cedax Suspension (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Erectile Dysfunction Agents	
*effective 08/01/05, the medications in this class will no longer be covered for erectile dysfunction	
Macrolides – Ketolide(s) - Adult	
Preferred Agents	Non-Preferred Agents
ERYC	<i>All branded Macrolides with generics available</i>
EES 400	Biaxin
Ery-tab	Biaxin XL
Erythromycin Base	Ketek
Erythromycin Stearate	Clarithromycin
Erythrocin Stearate	Zmax
PCE	
Zithromax	
Macrolides - Pediatric	
Preferred Agents	Non-Preferred Agents
Erythromycin Ethylsuccinate	Eryped 400
Eryped	Zithromax Suspension (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Eryped 200	Biaxin Suspension (<i>non-preferred for patients ≥12 and ≤ 65</i>)
Erythromycin Estolate	Clarithromycin Suspension
Erythromycin w/ Sulfisoxazole	
Zithromax Suspension (<i>patients <12 or >65 years of age only</i>)	
Biaxin Suspension (<i>patients <12 or >65 years of age only</i>)	
Quinolones	
Preferred Agents	Non-Preferred Agents
Ciprofloxacin (generic)	<i>All branded Quinolones with generics available</i>
Ofloxacin (generic)	Tequin
Cipro XR	Noroxin

Avelox	Maxaquin
Avelox ABC Pack	Factive
Levaquin	
Cipro Suspension	